PTO/SB/21 (09-04)

TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Application Number	09/998,910
Filing Date	November 30, 2001
First Named Inventor	Teng, Joan C.
Art Unit	2142
Examiner Name	Mehmet B. Geckil
Attorney Docket Number	021756-011900US

Total Number of Pages in This Submission

ENCLOSURES   *(Check all that apply)*

☒ Fee Transmittal Form
    ☐ Fee Attached
☒ Amendment/Reply
    ☐ After Final
    ☐ Affidavits/declaration(s)
☒ Extension of Time Request
☐ Express Abandonment Request
☐ Information Disclosure Statement

☐ Certified Copy of Priority Document(s)
☐ Reply to Missing Parts/ Incomplete Application
    ☐ Reply to Missing Parts under 37 CFR 1.52 or 1.53

☐ Drawing(s)
☐ Licensing-related Papers
☐ Petition
☐ Petition to Convert to a Provisional Application
☐ Power of Attorney, Revocation Change of Correspondence Address
☐ Terminal Disclaimer
☐ Request for Refund
☐ CD, Number of CD(s) _____
    ☐ Landscape Table on CD

☐ After Allowance Communication to TC
☐ Appeal Communication to Board of Appeals and Interferences
☐ Appeal Communication to TC **(Appeal Notice, Brief, Reply Brief)**
☐ Proprietary Information
☐ Status Letter
☒ Other Enclosure(s) (please identify below):
Return Postcard

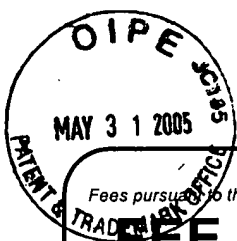| Remarks	The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430.

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	Townsend and Townsend and Crew LLP
Signature	*[signature]*
Printed name	Chad E. King
Date	5/31/2005	Reg. No.	44,187

CERTIFICATE OF TRANSMISSION/MAILING

Express Mail Label: <u>EV 470921599 US</u>

I hereby certify that this correspondence is being deposited with the United States Postal Service with "Express Mail Post Office to Address" service under 37 CFR 1.10 on this date May 31, 2005 and is addressed to: Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

Signature	*[signature]*
Typed or printed name	Tara N. Damhoff	Date	5. 31. 05

60502941 v1

	Complete if Known
Effective on 12/08/2004. *Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).*	

FEE TRANSMITTAL
For FY 2005

	Complete if Known
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☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT	($) 350

METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____

☒ Deposit Account   Deposit Account Number: 20-1430   Deposit Account Name: Townsend and Townsend and Crew LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below   ☐ Charge fee(s) indicated below, **except for the filing fee**

☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17   ☒ Credit any overpayments

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038

FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES Fee ($)	FILING FEES Small Entity Fee ($)	SEARCH FEES Fee ($)	SEARCH FEES Small Entity Fee ($)	EXAMINATION FEES Fee ($)	EXAMINATION FEES Small Entity Fee ($)	Fees Paid ($)
Utility	300	150	500	250	200	100	_____
Design	200	100	100	50	130	65	_____
Plant	200	100	300	150	160	80	_____
Reissue	300	150	500	250	600	300	_____
Provisional	200	100	0	0	0	0	_____

2. EXCESS CLAIM FEES

Fee Description	Fee ($)	Small Entity Fee ($)
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent	50	25
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent	200	100
Multiple dependent claims	360	180

Total Claims		Extra Claims		Fee ($)		Fee Paid ($)		Multiple Dependent Claims	
46	-20 or HP =	7	x	$50	=	$350		Fee ($)	Fee Paid ($)

HP = highest number of total claims paid for, if greater than 20

Indep. Claims		Extra Claims		Fee ($)		Fee Paid ($)
3	-3 or HP =	0	x	$200	=	$0

HP = highest number of independent claims paid for, if greater than 3

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is $250 ($125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets		Extra Sheets		Number of each additional 50 or fraction thereof		Fee ($)		Fee Paid ($)
_____	- 100 =	_____	/ 50 =	_____ (round up to a whole number)	x	_____	=	_____

4. OTHER FEE(S)

Fees Paid ($)

Non-English Specification, $130 fee (no small entity discount)   _____

Other: _____   _____

SUBMITTED BY

Signature		Registration No. (Attorney/Agent) 44,187	Telephone 303-571-4000
Name (Print/Type)	Chad E. King		Date 5/31/2005

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